

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	09/724,575
		Filing Date	November 28, 2000
		First Named Inventor	Schenk, Dale B.
		Art Unit	1647
		Examiner Name	Christopher J. Nichols
Total Number of Pages in This Submission	22	Attorney Docket Number	015270-005912US

**ENCLOSURES (Check all that apply)**☒ Fee Transmittal Form (PTO/SB/17)  
(1 pg, submitted in duplicate)☐ Fee Attached☒ Amendment/Reply (13 pages) with  
four attached publications\*☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request  
(PTO/SB/22) (1 pg)☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority  
Document(s)☐ Response to Missing Parts/  
Incomplete Application☐ Response to Missing Parts  
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals  
and Interferences☒ Appeal Communication to Group (Appeal  
Notice) (PTO/SB/31) (1 pg)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)  
(please identify below):

1. Citation No. 187 (EP 0 783 104 A1)\*;
2. Copy of Power of Attorney from Parent  
Application 09/585,817 (1 pg);
3. Change of Correspondence Address  
(PTO/SB/122) (1 pg);
3. Copy of Statement Under 37 CFR 3.73(b)  
from Parent Application 09/585,817 (1 pg); and,
4. Return Postcard (1 pg)

Remarks

The Commissioner is authorized to charge any additional fees to Deposit  
Account 20-1430.

\* Number of pages not included in "Total Number of Pages in This Submission"

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP Rosemarie L. Celli	Reg. No. 42,397
Signature		
Date	December 29, 2003	

**CERTIFICATE OF MAILING**

Express Mail Label: EV 323 381 230 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to  
Address" service under 37 CFR 1.10 on this date December 29, 2003 and is addressed to:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Typed or printed name Leticia A. Hernandez

Signature

Date

December 29, 2003

# **FEE TRANSMITTAL** **for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750

**Complete if Known**

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First Named Inventor	Schenk, Dale B.
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Art Unit	1647
Attorney Docket No.	015270-005912US

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	-** =		
Independent Claims	-** =		
Multiple Dependent	X		

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	420
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	330
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$880)

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Rosemarie L. Celli	Registration No. (Attorney/Agent)	42,397	Telephone	650-326-2400
Signature	<i>Rosemarie L. Celli</i>	Date	December 29, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.